AUTHORIZED REPRESENTATIVE FOR LOCAL APPEAL HEARING

	<i>\\</i> '		, 20 _
		Date	
Name of Agency			
Agency Authorized Representative Name	е		
Agency Address			
Agency Phone Number			
Agency Fax Number	1 /		
(Parent Name)			
(Address)	(City, State and Zip)	(Phone Number)	
n requesting that			
n requesting that	(Representative Name)		
n requesting that(Address)	(Representative Name) (City, State and Zip)	(Phone Number)	
(Address)	(City, State and Zip)		
(Address)	(City, State and Zip)		
(Address) et on my behalf at my local ap	(City, State and Zip) Opeal hearing for my sul	osidized child care.	
(Address) et on my behalf at my local appereby authorize your agency	(City, State and Zip) opeal hearing for my sub	osidized child care.	appeal to
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(Address) ct on my behalf at my local appreciation and the control of the contro	(City, State and Zip) opeal hearing for my sub	osidized child care.	appeal to

California Department of Education June 2013		

This page is not part of the sample Authorized Representative form.

Please delete this page before sending the form.